

**Boy Scouts of America
Troop 19
Nashua, New Hampshire**

Membership Package

Last Updated:

Mar 2, 2010

Contents to be completed and returned:

	Participation Contract*
	Annual Health and Medical Record with a copy of current medical insurance card. Note: You may use the online form which has editable fields.
	Driver Information
	Parent Resource Survey
	Code of Conduct/Discipline*

*** copy can be found in Troop 19 Handbook**



Troop 19

Participation Contract

Scout: _____

Troop 19 of the Boy Scouts of America provides a high quality, very active program of Scouting adventure and numerous wilderness trips. In order to accomplish the Troop's programs and goals in the best Scouting tradition, it is important that all Scouts understand and acknowledge certain Troop standards as an ongoing obligation.

By signing below each Scout (with the support of his parents or guardian) acknowledges and agrees to the following:

1. That he has read and understands the Troop 19 Family Guidebook.
2. That he will abide by the Scout Law and Outdoor Code.
3. That he will support the program of leadership from his peers.
4. That he will do his best to comply with the policies of Troop 19.
5. That he understands the rules on using knives, axes and saws and will use them only if he has attained the rank of First Class (or above) or has a Totin' Chip card.
6. That he will support his troop and patrol by actively participating in the troop's annual fundraising activity.
7. That he will support the troop and patrol program in Troop 19 by actively participating with his patrol in activities.
8. If applicable, as a boy leader, he must set an example by meeting the expectations of his leadership position.

Date:

Scout Signature:

Parent or Guardian Signature:

Parent or Guardian (print):

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA.

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed.

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part B

PHYSICAL EXAMINATION

Height _____ Weight _____ % body fat _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff) <input type="checkbox"/> Negative <input type="checkbox"/> Positive							

Allergies (to what agent, type of reaction, treatment): _____

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping Competitive activities Backpacking Swimming/water activities Climbing/rappelling
- Sports Horseback riding Scuba diving Mountain biking Challenge ("ropes") course
- Cold-weather activity (<10°F) Wilderness/backcountry treks

Specify restrictions (if none, so state) _____

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
 - Uncontrolled psychiatric disorders.
 - Poorly controlled diabetes.
 - Orthopedic injuries not cleared by a physician.
 - Newly diagnosed seizure events (within 6 months).
 - For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name _____

Signature _____

Address _____

City, state, zip _____

Office phone _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B **Last name:** _____ **DOB:** _____

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, including examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

- Without restrictions.
- With special considerations or restrictions (list) _____

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/ film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

- 1. _____
- 2. _____
- 3. _____

Adults NOT authorized to take youth to and from the event:

- 1. _____
- 2. _____
- 3. _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.


Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>

SKU 34605



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34605 2009 Printing

Part C Last name: _____ DOB: _____

TROOP 19 PARENT RESOURCE SURVEY

Boy Scouts is for adults as well as boys. We invite you to share your skills and interests so that Troop 19 can offer the best possible Scouting program. In creating this survey, the Troop Committee and Scoutmasters wish to find ways that you can enjoy using your talents to help our Scouts.

All parents may be asked from time-to-time to serve on Boards of Review (see below). We also encourage everyone to become a Merit Badge Counselor. The demands are nominal and the rewards are tremendous. You do not need specialized knowledge to be a Counselor- simply an interest in the field or subject and a desire to work with Scouts to help them learn. Please note, in the interest of fairness and teaching scouts to associate with other adults, you cannot act as merit badge counselor for more than two merit badges for your own son.

Please note, **transportation of Scouts to outings will be considered separately**. At a minimum, we request that parents commit to driving round trip on at least one monthly outing per year and one day trip per year.

Your cooperation is greatly appreciated. Please fill out this questionnaire for each adult in your family.

Name _____
Street address _____
City, State, Zip _____
Home phone _____ E-Mail _____
Employer: _____ Work phone _____
Occupation: _____

Please indicate the General Troop Activities where you would like to help.

- | | |
|---|--|
| <input type="checkbox"/> Campouts | <input type="checkbox"/> Recordkeeping (Troop records) |
| <input type="checkbox"/> Day hikes/trips | <input type="checkbox"/> Special trips and activities, e.g. ski trip |
| <input type="checkbox"/> Service projects | <input type="checkbox"/> Procure/maintain troop equipment |
| <input type="checkbox"/> Troop meetings | <input type="checkbox"/> Troop website design/maintenance |
| <input type="checkbox"/> Courts of Honor/Banquets | <input type="checkbox"/> Boards of Review* |
| <input type="checkbox"/> Swimming testing and supervision | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bookkeeping | |

* All Scouts advancing in rank require a Board of Review. Parents of boys being reviewed will be asked first to sit on boards for other Scouts.

Please let us know about resources you have at your disposal which you would consider making available for Troop use (with your supervision)?

- I have a workshop
 I have access to a cottage/cabin
 I have access to private camping property
 I have a station wagon or truck
 I have a boat
 I have access to a copy machine and would be willing to run copies for the Troop.
 I belong to a camping, sporting or other organization (AMC, fish and game,). Please specify:

Other: _____

What Scouting skills would you be willing to teach?

- | | |
|---|---|
| <input type="checkbox"/> Rope work (knots and lashings) | <input type="checkbox"/> Knife and ax handling |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Astronomy, star gazing |
| <input type="checkbox"/> Outdoor cooking | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> Aquatics, swimming | <input type="checkbox"/> Map and compass use |
| <input type="checkbox"/> First aid | <input type="checkbox"/> Camping |

Who, including yourself, do you know who could demonstrate their job, hobbies or skills and the troop can invite to put on special instruction during meetings or outings ?

Check the merit badges that you can help Boy Scouts earn *Bold = Eagle Required*

- | | | |
|--|---|---|
| <input type="checkbox"/> American Business | <input type="checkbox"/> Engineering | <input type="checkbox"/> Pioneering |
| <input type="checkbox"/> American Cultures | <input type="checkbox"/> Entrepreneur | <input type="checkbox"/> Plant Science |
| <input type="checkbox"/> American Heritage | <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> American Labor | <input type="checkbox"/> Family Life | <input type="checkbox"/> Pottery |
| <input type="checkbox"/> Animal Science | <input type="checkbox"/> Farm Mechanics | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Archeology | <input type="checkbox"/> Fingerprinting | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Pulp and Paper |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> First Aid | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Art | <input type="checkbox"/> Fish and Wildlife Management | <input type="checkbox"/> Railroading |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Fishing | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Forestry | <input type="checkbox"/> Reptile/Amphibian |
| <input type="checkbox"/> Atomic Energy | <input type="checkbox"/> Gardening | Study |
| <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Genealogy | <input type="checkbox"/> Rifle Shooting |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Geology | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Golf | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Basketry | <input type="checkbox"/> Graphics Arts | <input type="checkbox"/> Salesmanship |
| <input type="checkbox"/> Bird Study | <input type="checkbox"/> Hiking** | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Bugling | <input type="checkbox"/> Home Repairs | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Horsemanship | <input type="checkbox"/> Shotgun Shooting |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Skating |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Insect Study | <input type="checkbox"/> Small Boat Sailing |
| <input type="checkbox"/> Cinematography | <input type="checkbox"/> Journalism | <input type="checkbox"/> Snow Sports |
| <input type="checkbox"/> Citizenship in the Community | <input type="checkbox"/> Landscape | <input type="checkbox"/> Soil and Water |
| <input type="checkbox"/> Citizenship in the Nation | Architecture | Conservation |
| <input type="checkbox"/> Citizenship in the World | <input type="checkbox"/> Law | <input type="checkbox"/> Space Exploration |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Leatherwork | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Coin Collecting | <input type="checkbox"/> Lifesaving | <input type="checkbox"/> Stamp Collecting |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Mammal Study | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Medicine | <input type="checkbox"/> Swimming** |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Metalwork | <input type="checkbox"/> Textile |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Model Design | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Motorboating | <input type="checkbox"/> Traffic Safety |
| <input type="checkbox"/> Cycling** | <input type="checkbox"/> Music | <input type="checkbox"/> Truck Transportation |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Nature | <input type="checkbox"/> Veterinary Medicine |
| <input type="checkbox"/> Disability Awareness | <input type="checkbox"/> Oceanography | <input type="checkbox"/> Water Sports |
| <input type="checkbox"/> Dog Care | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Painting | <input type="checkbox"/> Whitewater |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Personal Fitness | <input type="checkbox"/> Wilderness Survival |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Personal Management | <input type="checkbox"/> Wood Carving |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Pets | <input type="checkbox"/> Woodwork |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Photography | |

**** earn one of either Cycling, Hiking or Swimming**

High Adventure and other skills and activities I could assist in for the older-Scout program:

- | | | |
|---|---|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Golf | <input type="checkbox"/> Spelunking |
| <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Kayaking/Canoeing | <input type="checkbox"/> Survival |
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Mountain biking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Rafting | <input type="checkbox"/> Video/photography |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Rappelling/Rock climbing | <input type="checkbox"/> Windsurfing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sailing | <input type="checkbox"/> Other (Please describe): |
| <input type="checkbox"/> Cross-country skiing | <input type="checkbox"/> Scuba diving | _____ |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Shooting sports | _____ |
| <input type="checkbox"/> Downhill skiing | <input type="checkbox"/> Snow camping | _____ |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Soccer | _____ |

Conduct and Discipline Policy

Scouts should strive to uphold principles in the Scout Oath and Scout Law. It is realized that Scouting is a learning experience. Mistakes will be made and unacceptable behavior will manifest itself from time to time. Scouts should, as much as possible, be given the opportunity to learn from their errors.

Troop policy is not to insist on a rigid code of conduct, but to ensure a measure of orderliness and control that is necessary for: safety to troop members and others; assuring troop meeting goals are achieved; and creating a fun and learning experience for all participants. One-to-one activities between youth members and adults are not permitted; personal conferences must be conducted in plain view of others.

Scouts are expected to be responsive to directions given by patrol leaders and the senior patrol leader, backed up by the Scoutmaster or troop leader. Failure to join in planned activities and/or obstructive behavior will be addressed by the following successive measures:

1. A warning by the Patrol Leader or youth leader to the scout for the first infraction.
2. A second warning issued by the Patrol Leader or youth leader for the second infraction. Issuance of a second warning will require the Scout have a 15-minute time out period away from the troop.
3. A third warning will result in the scout reviewing his actions with the Scoutmaster. Parents will be expected to meet with the Scoutmaster to discuss the situation.

The Scoutmaster after consultation will decide an appropriate course of action that may include; temporary isolation from the rest of the troop or removal from the troop meeting by asking the boy's parents to take him home. Dangerous activity will not be tolerated, and will be stopped by the Scoutmaster or troop leader by any means necessary. It is the responsibility of the Scoutmaster to inform the boy and his parents of unacceptable behavior; discipline is the parents' responsibility. Parents and the leaders must work together to solve discipline problems.

Certain actions will be cause for a boy's immediate removal from a troop activity: willful law violation; actions immediately harmful to himself or others; threats to cause substantial damage to the environment. Parents will be notified, and may be asked to take the boy home. This will apply to outings as well as troop meetings. A Scout may be suspended or removed from the troop only with the Scoutmaster's recommendation and concurrence by the Troop Committee.

Troop Rules

- ❖ Respect Others
- ❖ Obey the Scout Sign
- ❖ Do your best in following the Scout Oath and Law

TROOP MEETING RULES

- ❖ Follow meeting agenda set forth by the Patrol Leader Council (PLC).
- ❖ Class A Uniform to be worn
- ❖ Bring Boy Scout Handbook to all Troop Meetings for updates and advancements.
- ❖ Disruptions will not be tolerated at any time during the meeting.
- ❖ Scouts will remain in meeting room unless a member of the PLC grants permission.
- ❖ Be polite to all present (verbally and otherwise).
- ❖ Cursing and name-calling will not be tolerated at any time.
- ❖ Keep your hands and feet to yourself at all times.
- ❖ Fighting will not be tolerated for any reason.

TROOP OUTINGS RULES

- ❖ Every Scout must be current in troop dues to be eligible to attend the outing.
- ❖ Every Scout is expected to help set-up, maintain and tear down camp.
- ❖ Every Scout is expected to fulfill their assigned Patrol Duties.
- ❖ Every Scout is expected to participate in "scheduled" activities.
- ❖ Scouts will remain at campsite unless the Scoutmaster or Assistant Scoutmasters grants permission or other designated trained leaders.
- ❖ Scoutmaster or Assistant Scoutmasters are to be aware of the whereabouts of Scouts outside the camp area at all times.
- ❖ Stealing or damaging property will not be tolerated.
- ❖ No Scout or persons shall enter a tent without permission of the person assigned to that tent and an adult present at the time of entrance.
- ❖ Scouts, at no time, shall PLAY with the fire.
- ❖ Disruptions will not be tolerated at any time during a structured activity.
- ❖ Be polite to all present (verbally and otherwise).
- ❖ Cursing and name-calling will not be tolerated at any time.
- ❖ Keep your hands and feet to yourself at all times.
- ❖ Fighting will not be tolerated for any reason.
- ❖ Scouts are expected to observe quiet time.
- ❖ All Scouts will adhere to the Outdoor Code.

Uniform And Uniform Policy

UNIFORM POLICY

The uniform makes the Boy Scout troop visible as a force for good and creates a positive youth image in the community. Boy Scouting is an action program, and wearing the uniform is an action that shows each Boy Scout's commitment to the aims and purposes of Scouting. The uniform gives the Boy Scout identity in a world brotherhood of youth that believe in the same ideals. The uniform is practical attire for Boy Scout activities and provides a way for Boy Scouts to wear the badges that show what they have accomplished.

- 1. Troop Meetings:** The complete Field Uniform (Class A) Uniform is the only acceptable uniform for weekly troop meetings. After a scout has been given reasonable time to acquire a uniform, and fails to do so will have his patrol leader bring the matter up to the Senior Patrol Leader. Initially the scout will not be allowed to participate in the troop wide fun game for improper uniforming. Scouts who persist to be in improper uniform will not be admitted to the troop meeting and, if necessary, will be sent home.
- 2. Outings:** Scouts may be expected to wear uniforms on Troop 19 outings. If the uniform is to be worn for departure for an outing or to be brought along for the outing it will be listed on the permission slip.
- 3. Other Activities:** Scouts should be in full uniform at the following activities:

- Troop Meetings
- Boards of Review
- Courts of Honor
- Scout Sunday
- Camporees
- Summer Camp (evening meals and formal activities)
- Color Guard in Flag Ceremony
- Other activities as specified by Scoutmaster

We strongly suggest that all articles of clothing be labeled with a Scout's name and "Troop 19."